


**Dialectical Behavior Therapy
(DBT) as a School-Based Social
Emotional Learning Program**

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Connecticut Association of Schools
Oct 1, 2020



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Outline



- The Mental Health Challenges of our Youth in the 21st Century
- Need for Social-Emotional Learning
 - Building resilience
 - Even more now in a pandemic
- Dialectical Behavior Therapy in Schools
- Tiers 1-3
 - Universal, Targeted, Intensive
 - Teaching DBT “Life Skills” to students
 - These skills are useful for us too (staff, parents)
- Hope for the Future



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**Present Day Challenges
Contributing to Greater Emotional Vulnerability**
Long-term Effects are Unknown





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Even Pre-COVID, Schools have Been the “Mental Health Frontline”

- 70-80% of all mental health services are delivered in schools
- Burden of mental health treatment is falling to schools
 - Schools have most contact with kids
 - Outpatient clinicians can be expensive and inaccessible – the median number of visits to outpatient clinics is 1
- What have you seen in your schools?
 - Emotional disturbance classifications
 - School counseling demands
 - Increase in special education referrals
 - School refusal behaviors among youth

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Impact on School Staff

- Burnout in Education (Pre-COVID)**
- 25% of teachers feel burned out at any given time
 - 3x more likely to quit than similarly trained professionals
 - Teacher distress costs at least \$3.5 billion annually due to absenteeism, turnover, poor performance and waste
 - Burnout is significantly higher in helping professions because of limited resources, marginal working conditions, intense demands which can lead to chronic stress
- Since COVID**
- Increased shortages
 - Up to 45% of principals report leaving job earlier than planned
 - Demands of “always being on”



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Pre-COVID Context for Kids: In Any Given Year in the US...

- At least 1 in 5 children and adolescents suffer from:
 - An anxiety disorder
 - Depression
 - Non-suicidal self-injury
 - Suicidal ideation

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Rise of Anxiety in Our Teens

“Why Are More American Teenagers Than Ever Suffering From Severe Anxiety?”



The New York Times

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Anxiety Rates Increasing

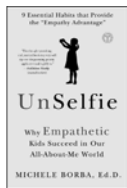
- Busier, digitally distracted, lives
- Rising pressures
- The iGen: Smartphones and social media
- Lower social support
- Too much “scaffolding”?
- Perceived and real dangers
 - School shootings
 - Terrorism
 - COVID-19, health, illness, death
 - Going to school? Playground, friend’s house?
 - Unemployment
 - Racism



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Recommended Readings About Parenting and Educating Our Youth in the 21st Century



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UnSelfie: Empathic Children Can Recognize Feelings

- Empathy is a quality that can be taught
- Emotionally attuned kids are physically healthier and score higher academically than kids who aren't coached to consider the feelings and needs of others

Borba, 2016



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The "Selfie Syndrome"



- The condition is all about self-promotion, personal branding, and self-interest at the exclusion of other's feelings, needs, and concerns.
- Four reasons why we should be concerned
 - We see a measurable dip in empathy among today's youth and a significant increase in narcissism
 - We observe a clear increase in peer cruelty
 - We observe more cheating and weaker moral reasoning in young people today
 - Our plugged-in, high-pressure culture is leading to a mental health epidemic among young people.

Borba, 2016



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Has the Pendulum Swung Too Far to "Scaffold" our Youth?

- Parents (and Others) Dish Out Over-exuberant Praise and always "ing-ing" (solving, rescuing)
 - Can increase entitlement.... "The world owes me!"
- The "Self-Esteem Bandwagon" Goes to School, College, and Workplace



Borba, 2016



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An “Over-Helping” Parenting Style

- Always “ing-ing” for kids (solving, doing, rescuing) makes it tough for kids to learn crucial skills like coping, decision making, problem solving, and empathizing that are crucial for change-making
 - Norwegians refer to it as parental “curling”
- All that “doing” may inadvertently send the message to our kids: “I’ll help because you can’t do it alone.”
- Impacts their functioning in college
 - Higher anxiety, dependence, depression

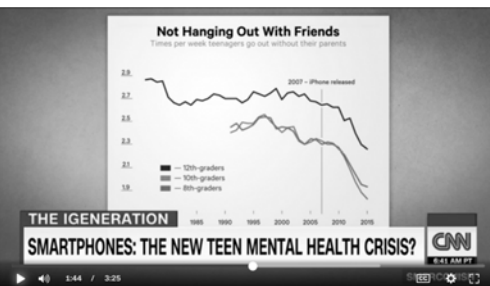
Borba, 2016



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Dr. Jean Twenge, Author of “iGen”

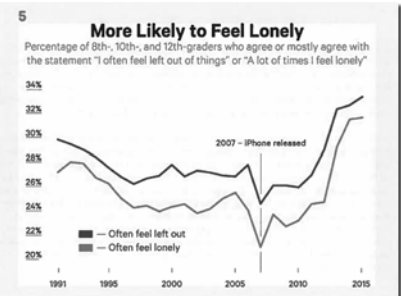


THE IGENERATION
SMARTPHONES: THE NEW TEEN MENTAL HEALTH CRISIS?

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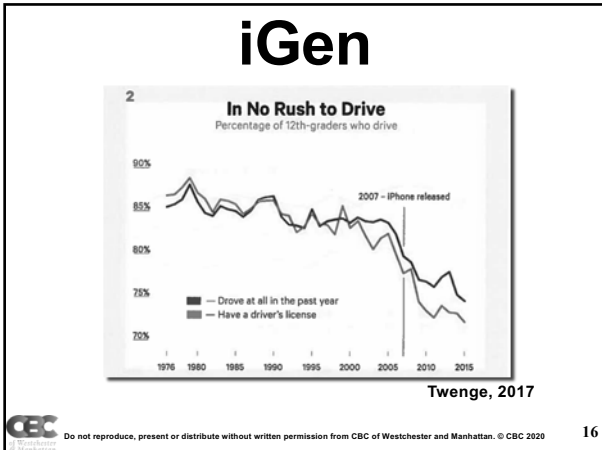
iGen



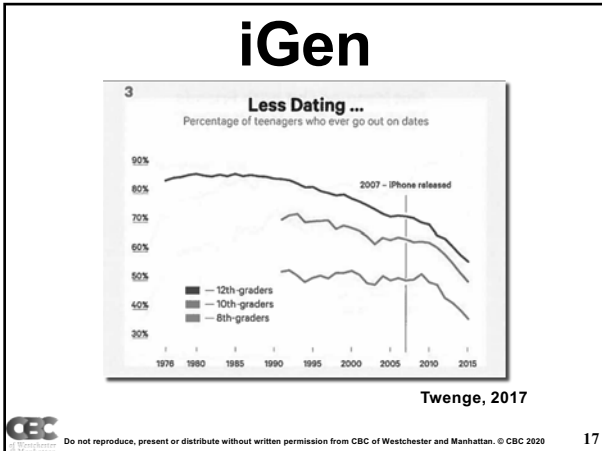
Twenge, 2017

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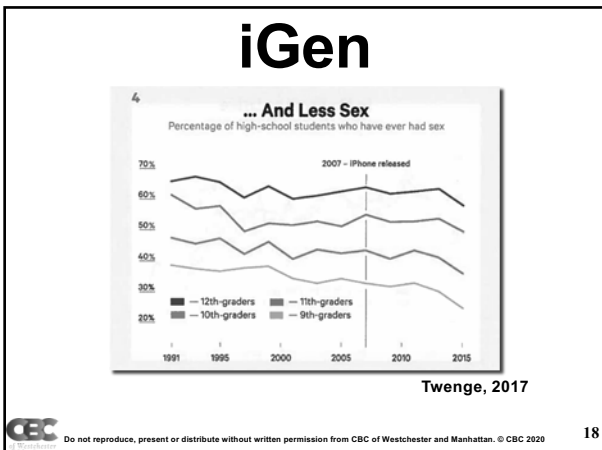
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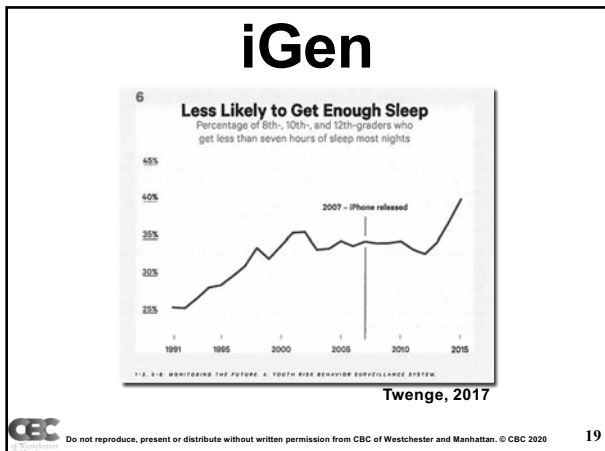
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Sleep Hygiene 101: Remove the phone

What effects do sleep problems have on youth?
McGinchy, E, Courtney-Seidler, E, Gorman, M, & Miller, AL. (2016). The role of sleep disturbance in suicidal and non-suicidal self-injurious behavior among adolescents. *Suicide and Life-Threatening Behavior*, 47, 103-111.

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Annual Number of USA Suicides
over **48,000** currently

Timing of USA Suicides
1 suicide every 11 minutes...

More Americans Die by Suicide Each Year Than by Homicide
Suicide 48,344
Homicide 18,830

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Adolescent Suicide: The Problem (CDC, 2018)

In the previous year nationwide, 9th-12th graders reported...

- 17% seriously considered suicide
- 13.6% made a plan for how to commit suicide
- 8% attempted suicide
- 2.7% made SA requiring medical attention
- Among kids, 4.5 suicides per 100,000
 - (2nd leading cause of death, ages 10-17)

What do these statistics mean for your school or agency?

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In a Typical High School Classroom...

1 male and 2 females may have attempted suicide in the past year

American Association of Suicidology
Source: King (1997, p.66)



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Non-Suicidal Self-Injurious Behaviors

- Coping strategy of the 21st Century?
- NSSI = “the deliberate, direct destruction or alteration of body tissue, without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur.” (Gratz, 2003, p. 192)

What are the most common methods?

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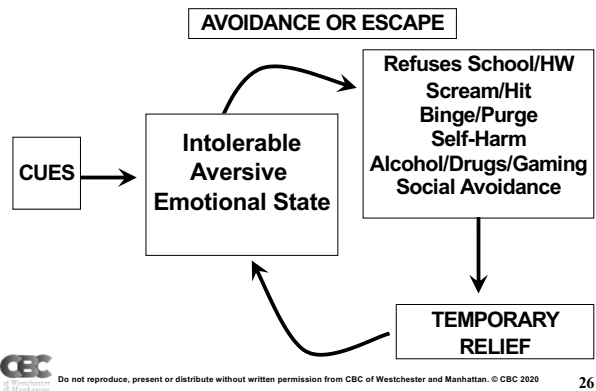
Theory of Etiology and Maintenance

- **Emotion Regulation Function**
 - Most common reason for NSSI (Prinstein, 2008)
 - Suppress negative affect (i.e., automatic negative reinforcement function)
 - Increase feelings (i.e., automatic positive reinforcement function) for those who feel numb

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THE PROBLEM TO BE SOLVED



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2018 Monitoring the Future (MTF) Survey:
A nationally representative sample of 8th, 10th and 12 graders
45,000 students from 392 public and private schools

JUUL and VAPE NICOTINE:

- 45% of 8th graders and 67% of 10th graders say the devices are “very easy” to get
- 11% of 8th graders used Juul or Vape Pen in past year
- 37% of 12th graders reported “any vaping” in past 12 months
- 3.6% of high school seniors smoking cigarettes daily, compared to 22% two decades ago



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Risk Behaviors in Children 11 & Under

- Temper Tantrums
- Aggression
- Disordered eating
- Sexualized behavior
- Interpersonal difficulties/Bullying
- Poor attentional control
- High impulsivity

USING RULER in Elementary (complements DBT)

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International College Student Project
Auerbach et al., (2018) J of Abnormal Psychology

- 19 Colleges across 8 countries
 - (Australia, Belgium, Germany, Mexico, Ireland, South Africa, Spain, US)
- 14,000 students
 - Web-based self-report questionnaires of DSM-IV mental disorders
- RESULTS:
 - 35% screened + lifetime disorder
 - 31% screened + for at least 1 disorder in past 12 months

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The College Mental Health Crisis: Focus on Suicide



2017 Huffington Post



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The Crisis

- Suicide attempts on college campuses *do* appear to be increasing— students are at higher risks when these illnesses coincide with the college-related stressors
 - There are more than **1,000 suicides** on college campuses each year – That's 2-3 deaths by suicide every day
 - Suicide is the **second leading cause** of death among college-age students
 - More than **one-third of college students** have had suicidal thoughts, and 9% have attempted suicide
 - Most importantly: 80-90% of college students who die by suicide were not receiving help from college counseling centers

Schlozman & Abdu-Glass, 2017



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What are we doing wrong that so many of our youth are struggling into young adulthood?

Is it our responsibility to teach them life skills?




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Los Angeles Times



More than 200 students at UC Berkeley applied for two “adulting” courses offered this semester. More than half of them had to be turned away because of limited class size (Josh Edelson/For the Times)

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What is the Solution? Dialectical Behavior Therapy (DBT)

- A skills-based curriculum that helps students with social/emotional problem solving
- Initially developed as an intervention in a clinical setting but has evolved into a more general school-based program
- Used in schools to teach coping skills to improve emotional and behavioral regulation, subsequently helping educational functioning and developing critical life skills
- Skills are meant to be applied throughout the school day and students may be ‘coached’ to use the skills

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<u>5 Problem Areas</u>	<u>DBT Skills</u>
1. Emotional Dysregulation	1. Emotion Regulation
2. Impulsivity (include avoidance)	2. Distress Tolerance
3. Interpersonal Problems	3. Interpersonal Effectiveness
4. Teenager and Family Challenges (i.e., non-dialectical thinking, invalidation, poor contingency mgmt)	4. Walking the Middle Path
5. <u>Reduced Awareness & Focus</u>	5. <u>Core Mindfulness</u>

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Adapting DBT for Adolescents

- In 1995, we started adapting DBT as a clinical intervention and it became the leading evidence-based treatment for suicidal and multi-problem adolescents

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DBT with Adolescents

- Over time, inclusion criteria has broadened for other populations: Bipolar, eating disorder, ODD, ADHD, conduct disorder, substance use, multi-problem)
- And settings: outpatient, day treatment, inpatient, residential, forensic, medical (DBT-CMI) and schools.
 - Transdiagnostic applications of DBT w/ teens
 - Ritschel, Miller, & Taylor, 2013

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Current State of Mental Health in Schools



Common foundation: Coping strategies and Decision-Making

DBT Skills

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DBT: Starting Upstream (Mazza & Miller, 2014)

Universal Classroom DBT (STEPS-A)	Comprehensive School-Based DBT	Outpatient DBT
Hospitalization + DBT	Residential Treatment + DBT	School Outplacement

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DBT in Schools

- 1) Universal Classroom DBT (STEPS-A)
 - Weekly LIFE SKILLS class
- 2) Targeted /Selected Intervention (Comprehensive School-Based DBT)
 - Weekly LIFE SKILLS class, PLUS
 - Weekly individual counseling
 - Coaching of skills during the school day, as needed
 - DBT provider consultation meeting
 - Parents learn skills (various formats)
 - Family meeting (as needed)

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Why Comprehensive DBT in Schools?

- The rationale from school personnel:
 - Cost-effective!
 - Provide students and staff with common language and skills-based toolkit: Emotion regulation, distress tolerance, interpersonal effectiveness, and mindfulness skills
 - (COMPREHENSIVE SOCIAL EMOTIONAL LEARNING COURSE)
 - Taught in groups/classes, improves social and emotional functioning and academic performance.
 - Reduce numerous problem behaviors that result in suspensions, ER visits, psychiatric and medical hospitalizations that interfere in education--keep students actually IN SCHOOL
 - In turn, can reduce staff/administrator burnout
 - DBT is evidence-based and has measurable outcomes (Mehlum et al. 2014)

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Data from Schools

- Preliminary results from an open trial at Ardsley High School (Mason, Catucci, Lusk, and Johnson, 2011)
 - Reduced referrals to assistant principal
 - Reduced cutting class, detentions and suspensions
 - Anecdotal reduction in depression, anxiety, NSSI
 - Requires change of culture re: how schools manage problem behavior

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Data from Schools


- Preliminary results from an open trial at Pleasantville HS (Dadd, 2015, unpublished dissertation)
 - Comprehensive school-DBT program
 - Reductions in depression and social stress as measured by BASC, 2nd edition
 - Increases in adaptive coping skills, in particular mindfulness skills
 - Increases in ability to tolerate distressing situations and reduction in maladaptive coping
 - Requires change of culture re: how schools manage problem behavior

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NEWS12 WESTCHESTER TOP STORIES


Pleasantville Parents Honor Late Son with Push for Mental Health



Jolina and Brian Halloran channeled their sadness for the loss of their son by creating Break the Hold Foundation. The foundation's main focus is to establish mental health education in school systems.

Break the Hold sponsors a Dialectical Behavior Therapy (DBT) curriculum at Pleasantville High School. The goal is to teach students to talk about and describe feelings that might not be normal.

"He didn't know how to verbalize it, so this is why we think it's important. The education as a school to give kids verbiage to recognize what they are feeling"
– Jolina Halloran

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**Lincoln High School
Portland, OR**



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Lincoln HS Statistics

- 1720 students
- Middle to high socio-economic status
- 100 Best High Schools in United States
- High stress and anxiety (OHTS 2008: 13% of students considered suicide in last twelve months; 2012: 8.4%)
- About 20 parent meetings/year for cutting, suicidal ideation or attempt (record year high was 45)
- Suicide was leading cause of death until SB-DBT
 - Jim Hanson, 2015

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Lincoln HS Statistics
Hanson, 2015

- Identified at-risk youth (ie, NSSI ,SI, attempts) and provided Comprehensive DBT to 56 HS students.
- Results:
 - Before DBT: one to two suicides per year, since starting DBT in school 9 years ago there have been no suicides.
 - Before DBT: two placements into Portland Public School's day treatment classroom per year, since DBT one placement in nine years
- Statistically significant improvements in GPA from pre- to post-intervention

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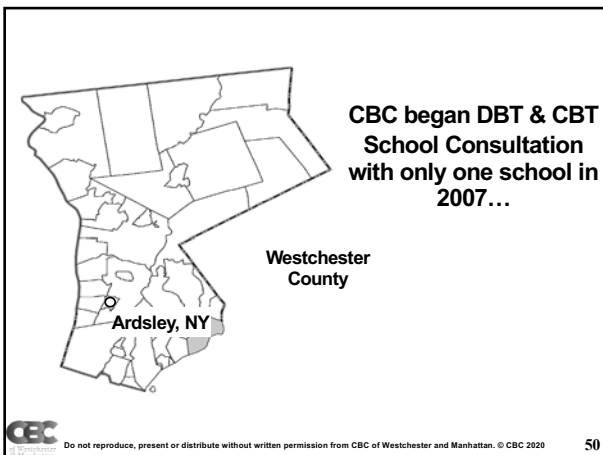
7-YEAR SUMMARY Jim Hanson, 2015

BASC Subscale	Mean Pre (SD)	Mean Post (SD)	95% CI	<i>t</i> -score	Cohen's <i>d</i>
Anxiety	59.57 (12.17)	53.90 (13.62)	2.13-9.21	3.22*	.91
Depression	62.27 (14.65)	51.45 (10.29)	6.75-14.90	5.34**	1.51
Internalizing	60.51 (11.95)	52.65 (11.86)	4.14-11.59	4.24**	1.20
Anger Control	57.70 (10.74)	51.63 (10.22)	2.50-9.63	3.42*	1.02

* <.005. ** <.001; Bonferroni correction = .0125

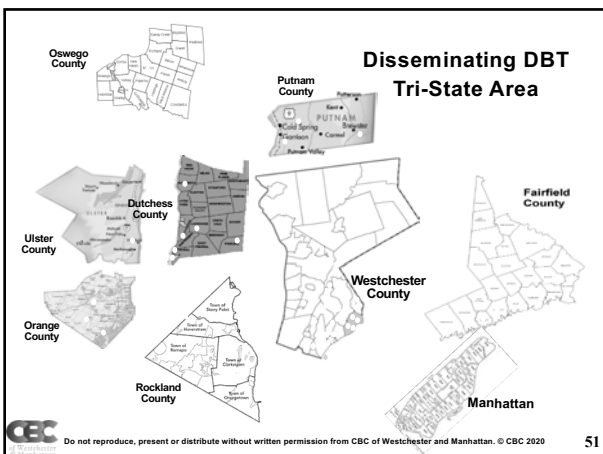
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Disseminating School-Based DBT Nationwide!

Colorado North Carolina

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**DBT in Schools
(School-Based DBT)**

- Far Rockaway, NY, High School (2001-2002)
- PS 8 Elementary School Bronx, NY/Montefiore School Health (2002-2012)
 - Lincoln HS, Portland Oregon (2007-present) Jim Hanson
 - Ardsley School District, (2008-present)
 - Presented data at conferences (Catucci et al.; Mason et al)
- Pleasantville Union Free School District, NY (2009-present)
- Mamaroneck Union Free School District, NY (2010-present)
 - Scarsdale School District, NY (2010-2012)
 - Rockland County BOCES, NY (2012 – Present)
 - Riverview High School, NY (2012-Present)
 - Hilltop Elementary School, NY (2012-Present)
- City School District of New Rochelle, NY (2012-2018)
 - CBI Tech (2013-Present)
- Florida Union Free School District (2013-2018)
- Briarcliff Manor Union Free School District, NY (2013-2016)
- Astor School Child and Adolescent Day Treatment Programs (2013-Present)
 - Hastings-on-Hudson School Districts, NY (2014-2016)
- Putnam-Northern Westchester BOCES, Yorktown, NY (2015-present)

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**DBT in Schools Continued
(School-Based DBT)**

- Robert Louis Stevenson HS, NYC (2015-Present)
- Westport, CT Staples High School (2015-Present)
- Southern Westchester, BOCES HS, White Plains, NY (2015-Present)
 - Harrison City School District, NY (2016-Present)
- Mount Vernon City School District, NY(2016-Present)
- White Plains City School District, NY (2016-Present)
- Yorktown Central School District, NY (2016-Present)
 - IDEAL School of Manhattan, NYC (2016-2018)
- Katonah-Lewisboro Union Free School District (2016-Present)
 - Bronxville Union Free School District (2016-present)
- Hendrick Hudson Central School District (2016-Present)
 - Lakeland Central School District (2016-Present)
 - Ramapo Central School District (2017-Present)
- Washingtonville Central School District (2017-Present)
 - St. Christopher's School (2017-2018)
 - Trumbull Public Schools, CT (2017-Present)
 - Fairfield Public Schools, CT (2017-Present)


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DBT in Schools Continued
(School-Based DBT)


- Dobbs Ferry School District, NY (2017-Present)
- Eastchester Union Free School District, NY (2017-Present)
- Mount Pleasant Central School District, NY (2018-Present)
 - Norwalk Public Schools, CT (2018-Present)
- Pocantico Hills Central School, NY (2018-Present)
- Public Schools of the Tarrytowns, NY (2018-Present)
- Garrison Union Free School District, NY (2018-Present)
 - Haldane Central School District, NY (2018-Present)
 - Pelham Public Schools, NY (2018-Present)
 - Darien School District, CT (2018-Present)
- Monroe-Woodbury Central School District, NY (2018-Present)
 - Weston Central School District, CT (2019-Present)
- New Caanan Central School District, CT (2019-Present)
 - CITI BOCES, Mexico, NY (2019-Present)

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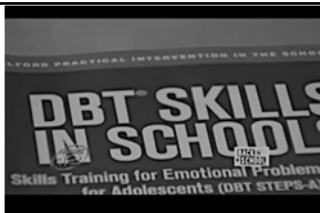

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DBT in Schools Continued
(School-Based DBT)


- Cabarrus County Schools, North Carolina (2019-Present)
 - Green Chimneys School, NY (2019-Present)
- New Rochelle Public Schools, NY (2019-Present)
 - Ridgefield Public Schools, CT (2019-Present)
 - Rye City School District, NY (2020-Present)
 - North Salem School District, NY (2020-Present)

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On September 3rd, 2019, Westchester News 12 reported a story about how effective comprehensive school-based DBT was in helping students at Hendrick Hudson High School – a school that CBC has trained and consulted to in implementing DBT with their students.

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Mental Health Education is now required to be part of New York's School Curriculum in 2018



Bethany Bump, Times Union, January 27, 2018

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**Mental Health Education Literacy in Schools:
Linking to a Continuum of Well-Being
Comprehensive Guide
July 2018**

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NYSED Mental Health Education Literacy in Schools July 2018

Sample Frameworks	Mental Health Support
→ (K-12)	
Tier 3 Support for Students with High Need	<ul style="list-style-type: none"> • Dialectical Behavior Therapy (DBT) • Cognitive Behavioral Therapy (CBT) • Crisis prevention and response planning • Individual counseling • Individual support plan • Family Conference(s) • Collaboration with PPS workers • Coordinated services • Referral to external mental health/social services/community resources/treatment • Related evidence-based programs • Family and community involvement

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“When educating the minds of our youth, we must not forget to educate their hearts.”

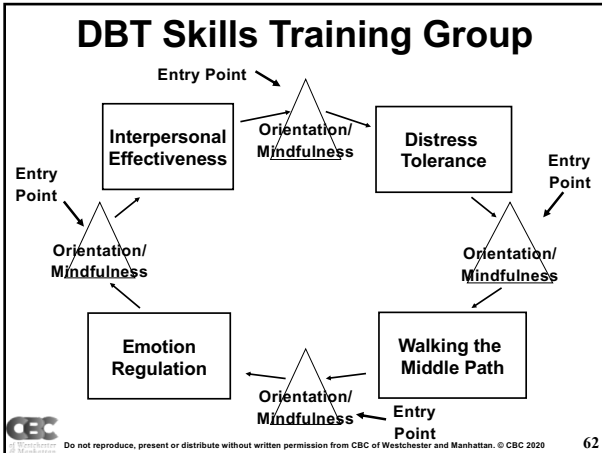


Dalai Lama

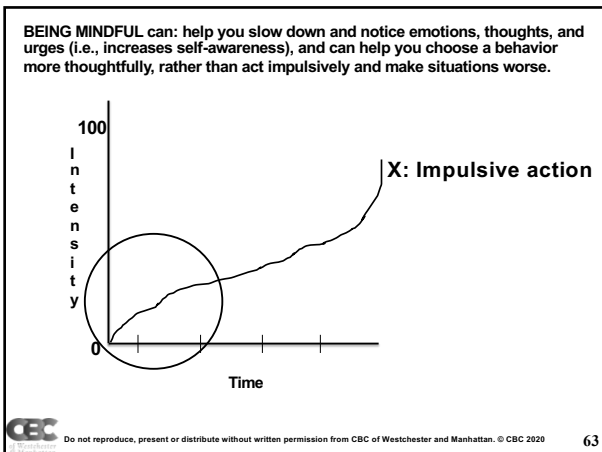
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Alec and Cody

Mind Full, or Mindful?

BEING MINDFUL can help FOCUS YOUR ATTENTION (doing one thing at a time) and therefore make you more present, effective and even productive.

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Other Benefits of Mindfulness

Being mindful can:

1. **Reduce your emotional suffering and increase your pleasure and sense of well-being.**
2. **Increase compassion for self and others**
3. **Lessen your pain, tension, and stress, and in turn can even improve your health**

(DBT Skills Manual for Adolescents, Rathus & Miller p 270)

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Mindfulness Revolution in Schools

Science shows that practicing mindfulness—even minutes a day for a few weeks—can reap such positive benefits as boosting the immune systems, reducing stress, increasing resilience, enhancing focus, stretching attention, and improving memory.

Borba, 2016

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MINDFULNESS HANDOUTS

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3 States of Mind

Alec L. Miller, PsyD

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MINDFULNESS HANDOUT 3 Three States of Mind


Emotional Mind is "hot," ruled by your feelings and urges.
When I am in Emotional Mind, I tend to:

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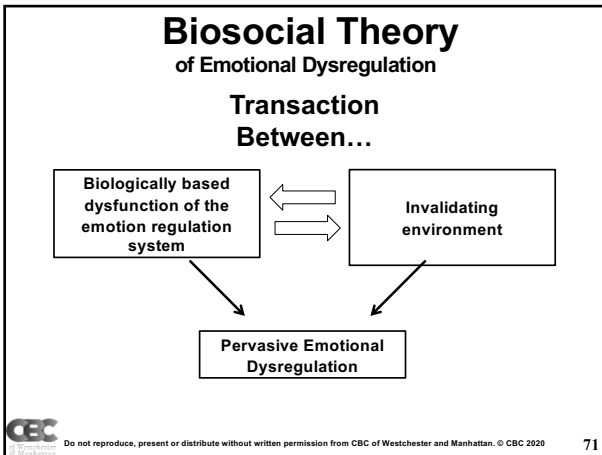
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Theory of Emotional Dysregulation
“Treats” the Teen, Therapist, Family, School personnel, MDs, and.....
 Changing Attitudes with Biosocial Theory



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Emotion Vulnerability

- High Sensitivity
 - Immediate reactions
 - Low threshold for emotional reaction
 - “Emotional Burn Victim”
- High Reactivity
 - Extreme reactions
 - Dysregulated cognitive processing
- Slow Return to Baseline
 - Long-lasting reactions
 - Inability to recover before the next emotional reaction

↔

Inability to regulate and modulate emotions

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Validation

- **Validation communicates to another person that his or feelings, thoughts, and actions make sense are understandable to you in a particular situation.**
- **You do not need to necessarily agree with what the other person is doing, saying or feeling.**

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Invalidating Environment

The environment includes:

- **Family members**
- **School staff**
 - Teachers, administrators, security guards
- **Peers**
- **Mental health professionals**
- **Medical doctors/nurses, etc**

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Invalidating Environment

Pervasively negates, punishes, corrects, ignores or dismisses behavior independent of the actual validity of the behavior

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Characteristics of an Invalidating Environment

1. **INDISCRIMINATELY REJECTS** communication of private experiences and self-generated behaviors
 E.g., Teen upset about failing test.... "It's your fault. If you studied more you would have passed."
 OR "Stop worrying, it's not a big deal, honey, it's only 1 test."
2. **IGNORES** or **PUNISHES** lower level emotional displays and **INTERMITTENTLY REINFORCES** emotional escalation
 "You're over-reacting...it's not that big a deal!"
 Crying escalates—threat-I'm not going back to school.
 "OK, let's go out for a nice dinner tonight so you'll feel better and I'll help you study next time."
3. **OVER-SIMPLIFIES** ease of problem solving and meeting goals.
 "Just study more next time and you'll do great."

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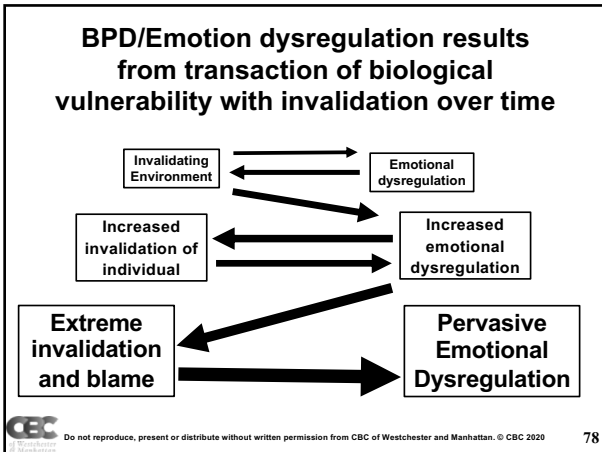
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Invalidating Environment Teaches Individual to:

1. **Actively self invalidate** and search social environment cues on how to respond
2. **Oscillate** between emotional inhibition and extreme emotional styles
3. **Form unrealistic goals and expectations**


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**Teaching Biosocial Theory
to Students, Parents,
School Personnel, Medical
Doctors, Therapists**

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Try to Validate Your Kids!

- Validation communicates to another person that his or feelings, thoughts, and actions make sense and are understandable to you in a particular situation
- Validation ≠ Agreement
- Very effective way to help regulate another person’s emotions

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Try to Validate Your Kids!

“Jessica, I know how upsetting it is for you not to be able to have friends sleep over because of COVID.”

“I get being on zoom all day for class makes it really hard to stay focused or to be as engaged in learning....AND what can you do to help stay focused given the circumstances?”

“Danny, it makes sense that you don’t feel like getting to bed “early” given that your first class isn’t until 10am.....AND, I think it’s important that you wake up, have breakfast, by 930am so you’re not staying up all night and sleeping the day away.”

(Normalizing feeling without approving or normalizing of any problematic behaviors that may be happening)

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After 25 years, I believe the future is looking brighter!



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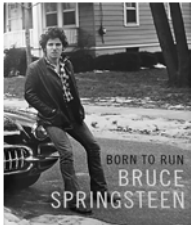
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Reasons to Be Hopeful...

- The development and dissemination of evidence-based interventions in clinical settings and schools for anxiety, depression, suicide, and self-harm continues....
- Effective therapies, specifically comprehensive DBT for youth
 - Delivered in treatment centers around the world
 - Delivered in Schools (Elementary-high school, and college counseling centers)
 - Prevention/social emotional learning
 - Taking into account staff stress and burnout
- NY/NJ State Law requiring mental health education
- Stigma reduction
 - Mental health and treatment in Student Health Councils; "School Wellness Days"; Staples HS "Zen Den"
 - Celebrities and organizations- joining the cause

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Bruce Springsteen

Born to Run, 2016

Selena Gomez:

"DBT has completely changed my life. I wish more people would talk about therapy."

Elle Magazine, 2017



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ELLE

Lady Gaga

In a new interview with Oprah Winfrey for Elle Magazine, Gaga not only shared for the first time that she struggled with self-harm – she also offered a surprising TIPP that helps her get through moments when she feels like hurting herself.

Elle Magazine, 2019

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“When I first heard the term ‘mental health,’ the first thing that came to mind was mental toughness.

Masking pain. Hiding it. Keeping it inside.

That had been embedded in me since I was a kid. Never show weakness. Suck it up. Play through it. Live through it.


Now, I realize that mental health means the total opposite.”

Brandon Marshall
NFL Wide Receiver



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PROJECT EATS

MENTAL HEALTH

#IAMAWARE

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BRING CHANGE 2MIND

I TALK ABOUT MENTAL HEALTH
Include my family in your recovery
GLENN CLOSE

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“What mental health needs is more sunlight, more candor, more unshamed conversation about illness that affect not only individuals, but their families as well.”

GLENN CLOSE

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STIGMA? We need to help college students see mental health care as less stigmatizing so they will access help. The University of Michigan is just one school taking this on....

Who Can Relate?
A Mental Health event
featuring LOGIC

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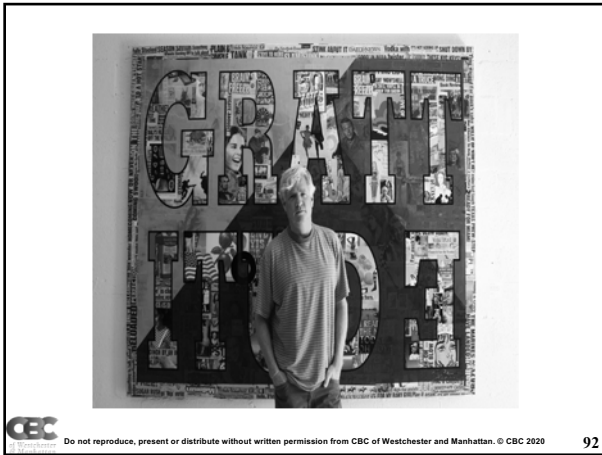
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“Who Can Relate” Mental Health Awareness Week at the U of M



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QUESTIONS?

THANK YOU ALL FOR COMING!

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Our Training Team

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Co-Founder

Alec L. Miller, PsyD
Co-Founder

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Amy Walker, PhD

Danielle Francois, PsyD

Talia Wigod, PsyD



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Consultation and Training

- Ongoing trainings offered by CBC Team
- Individual and group consultation for mental health providers on specific disorders/manualized approaches
- On-site trainings for hospitals, schools, corporations, and other agencies for prevention, treatment, and crisis response utilizing CBT and DBT approaches

Alycia Dadd, PhD
Director of Consultation Services
(914) 385-1150 x4716
adadd@cbc-psychology.com



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Training Opportunities

Pre-Doctoral Externship

- Requirements: Advanced 3rd year and 4th year doctoral candidates.
- Includes weekly individual and peer supervision, DBT and CBT consultation teams and ongoing didactic training

Postdoctoral Fellowship

- Requirements: doctoral graduates with experience in CBT
- Extensive supervision, didactics, and training in individual and group CBT/DBT, PCIT, Trauma-focused treatments, outcomes-monitoring
- Possible junior psychologist position post fellowship

Chad Brice, PhD
Director of Training
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Adolescent DBT Books/Manuals

- Miller, Rathus, & Linehan (2007). *DBT with Suicidal Adolescents*. Guilford Press.
- Rathus & Miller (2015). *DBT Skills Manual for Adolescents*. Guilford Press.
- Mazza, JJ, Dexter-Mazza, ET, Miller, AL, Rathus, JH & Murphy, HE. (2016). *DBT Skills in Schools: DBT for Emotional Problem Solving for Adolescents (DBT STEPS-A)*. Guilford Press.

For more treatment and training information:

- CBC www.cbc-psychology.com

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(914) 385-1150, press 1

NYC
(212) 595-9559, press 1

1 North Broadway,
Suite 704
White Plains, NY 10601

320 Central Park West, Suite
1C & 1E
New York, New York 10025

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DBT Assumptions about Students, Families and Therapists

- People are doing the best they can
- People want to improve
- People need to be more effective, try harder, and/or be more motivated to change
- People must learn new behaviors in all relevant contexts
- People may not have caused all of their own problems, but they have to solve them anyway
- The lives of emotionally distressed adolescents are painful as they are currently being lived
- People cannot fail in DBT

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